



Ville d'Hudson/Town of Hudson

Service d'urbanisme/Planning department

481 Main, Hudson

J0P 1H0

Phone: (450) 458-1111

Email: info@ville.hudson.qc.ca

Permit Application

Request started on: _____ Request Completed on: _____ Req. No

Entered by: _____

Permit Type: **Business permit**

Identification

Owner

Name: _____

Address: _____

City: _____

Postal Code: _____

Phone: _____

Email: _____

Applicant

Name: _____

Address: _____

City: _____

Postal Code: _____

Phone: _____

Email: _____

Business informations

Address: _____

Name of the business: _____

Phone: _____

Type of business: _____

Floor area to be used: _____

Number of parking spaces: _____

Opening date of the business: _____

Installation of a sign: Yes ☐ No ☐

(A permit is required to install a sign)

Required documents	Receipt	Receipt date
Form duly filled in	<input type="checkbox"/>	
Sign form duly filled in if necessary	<input type="checkbox"/>	

Applicant's signature

Applicant's signature _____ Date: _____